



NQMC Glossary of Terms

Care Setting

Ambulatory care

Health care services provided to patients on an ambulatory basis, rather than by admission to a hospital or other health care facility. The services may be provided by a hospital augmenting its inpatient services, or may be provided at a free-standing facility.

Ancillary services

Supplemental services, including laboratory, radiology, physical therapy, and inhalation therapy that are provided in conjunction with medical or hospital care.

Behavioral health care

Health care services organized to provide mental health care, which may include diagnostic, therapeutic, and preventive mental health services, therapy and/or rehabilitation for substance-dependent individuals, and the use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments.

Community health care

Diagnostic, therapeutic, and preventive health care services provided for individuals or families in the community for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability.

Emergency medical services

Services specifically designed, staffed, and equipped for the emergency care of patients.

Home care

Community health and nursing services providing coordinated multiple service home care to the patient. It includes home-offered services provided by visiting nurses, home health agencies, hospitals, or organized community groups using professional staff for care delivery.

Hospices

Facilities or services, which are especially devoted to providing palliative and supportive care to the patient with a terminal illness and to the patient's family.

Hospitals

Includes all hospital facilities such as community hospitals, general hospitals, group practice hospitals, packaged hospitals, private hospitals, public hospitals, satellite hospitals, rural hospitals, special hospitals, teaching hospitals, and urban hospitals.

Long-term care facilities

Facilities that provide rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of daily nursing supervision, limited medical care, and/or assistance with activities of daily living. Includes nursing homes, assisted living facilities, inpatient behavioral health facilities, and long-term chronic care hospitals.

Managed care plans

Health insurance plans intended to reduce unnecessary health care costs through a variety of mechanisms, including: economic incentives for physicians and patients to select less costly forms of care, programs for reviewing the medical necessity of specific services, increased beneficiary cost sharing, controls on inpatient admissions and lengths of stay, the establishment of cost-sharing incentives for outpatient surgery, selective contracting with health care providers, and the intensive management of high-cost health care cases. The programs may be provided in a variety of settings, such as health maintenance organizations (HMO), independent practice associations (IPA), and preferred provider organizations (PPO), etc.

Physician group practices/clinics

Any groups of three or more full-time physicians organized in a legally recognized entity for the provision of health care services, sharing space, equipment, personnel and records for both patient care and business management, and who have a predetermined arrangement for the distribution of income.

Rehabilitation centers

Facilities/programs that provide interventions and support services intended for rehabilitating individuals with mental illnesses or physical disabilities.

Residential care facilities

Facilities which provide supervision and assistance in activities of daily living with medical and nursing services when required, generally for those not needing hospital services but still in need of medical assistance. They are usually established as planned, single housekeeping units in residential dwellings that provide care and supervision for small groups of residents, who, although unrelated, live together as a family. Includes group homes, halfway houses, and orphanages.

Rural health care

Health care services, public or private, in rural areas. The services include the promotion of health and the delivery of health care.

Substance use treatment programs/centers

Facilities/programs providing therapy and/or rehabilitation for substance-dependent individuals. Includes inpatient programs and outpatient programs (e.g., methadone distribution centers).

Case Finding

The procedure for determining whether a case is potentially eligible for inclusion in the denominator of a measure. It is the concept of establishing a sampling frame from which a more highly specified selection of cases will be made.

Current Use of the Measure

A measure is considered to be in current use if at least one health care organization has used the measure to evaluate or report on the quality of care within the last three years.

Denominator (Index) Event

The event or state that defines a case as eligible for inclusion in the denominator.

Denominator Sampling Frame

The list of all cases potentially eligible for inclusion in the denominator, from which a more highly specified selection of cases will be made.

Enrollees or beneficiaries

Enrollees are persons who have registered with a managed care plan to be eligible to receive health care. Beneficiaries are persons eligible for coverage of health care services by either a public or private health insurance program.

Geographically defined

Persons located within a specified boundary (e.g., a country, a state or region).

Patients associated with provider

Persons receiving health care plan to be eligible to receive health care by a health care professional or organization.

Denominator Time Window

The time period in which cases are reviewed for inclusion in the denominator.

Time window brackets index event

Example: Prenatal care patients who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery, where delivery is the index event.

Time window follows index event

Example: Patients discharged post myocardial infarction (MI) who survived for six months where hospital discharge following MI is the index event.

Time window is a fixed period of time

Example: Individuals continuously enrolled in a health plan for the 12-month period beginning January 2002 who receive a member satisfaction survey.

Time window is a single point in time

Example: Patient's receiving a satisfaction survey at their most recent visit where the visit is the index event.

Time window precedes index event

Example: Patients with newly diagnosed cases of otitis media where the index event is the new diagnosis, with a new diagnosis defined by checking that care for otitis media was not given 3 months prior to the index event.

Domains

Access to care

Access to care is a patient's or enrollee's attainment of timely and appropriate health care.

Outcome of care

An outcome of care is a health state of a patient resulting from health care.

Experience of care

Experience of care is a patient's or enrollee's report concerning observations of and participation in health care.

Population Health

Population health is the state of health of a group of persons defined by geographic location, organizational affiliation or non-clinical characteristics. (Eligibility for measures of population health is not restricted to recipients of clinical care.)

Process of care

A process of care is a health care service provided to, on behalf of, or by a patient appropriately based on scientific evidence of efficacy or effectiveness.

Structure of care

Structure of care is a feature of a healthcare organization or clinician relevant to its capacity to provide health care.

Use of Services

A use of service is the provision of a service to, on behalf of, or by a group of persons defined by geographic location, organizational or non-clinical characteristics without determination of the appropriateness of the service for the specified individuals. Use of service measures can assess encounters, tests, interventions as well as the efficiency of the delivery of these services.

Incidence

Incidence is a rate, showing how many new cases of a disease occurred in a population during a specified interval of time (usually expressed as the number of new cases per unit time per fixed number of people [e.g., number of new cases of cancer per 10,000 persons in one year]).^{1, 2}

Institute of Medicine (IOM)

A private, nonprofit institution that provides objective, timely, authoritative information and advice concerning health and science policy to government, the corporate sector, the professions and the public under a congressional charter.

Institute of Medicine (IOM) Care Needs

End of life care

Care related to those not expected to survive more than six months.

Getting better

Care related to acute illness or injury.

Living with illness

Care related to chronic or recurrent illness.

Staying healthy

Care related to healthy populations or the general health needs of non-healthy populations (e.g., health promotion, disease prevention, risk factor assessment, early detection by screening and treatment of pre-symptomatic disease).

Institute of Medicine (IOM) Domains

Effectiveness

Relates to providing care processes and achieving outcomes as supported by scientific evidence.

Efficiency

Relates to avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equity

Relates to providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Patient centeredness

Relates to meeting patient's needs and preferences and providing education and support.

Safety

Relates to actual or potential bodily harm.

Timeliness

Relates to obtaining needed care while minimizing delays.

Level of Determination of Quality

Individual case

Quality can be determined at the individual level (i.e., each individual is subject to the assessment of whether they received quality care). Individual scores can be aggregated to reflect care for the group (e.g., in the case where a measure is assessing the proportion of patients screened for depression in a primary care setting, quality can be determined at the individual level since screening a primary care patient is considered good care).

Not individual case

Quality cannot be determined at the individual level but instead must be determined at an aggregate level (i.e., a disproportionate rate of occurrences within a group of patients, as compared to another group of patients, may indicate a quality problem) (e.g., in the case where a measure is assessing the rate of patients developing a nosocomial infection after inpatient surgery, experiencing a post surgical infection is not individually indicative of good or bad care; however, a high rate of infections as a proportion of all surgical cases suggests a quality problem).

Level of Health Care Delivery Addressed

Counties or cities

Health care delivered across one or more counties or cities within a given state.

Group clinical practices

Health care delivered by any group of three or more full-time physicians organized in a legally recognized entity for the provision of health care services, sharing space, equipment, personnel and records for both patient care and business management, and who have a predetermined arrangement for the distribution of income.

Individual clinicians

Health care delivered by an individual clinician, offering services on a person-to-person basis, as opposed to group or partnership practice.

Multisite health care organizations

Health care delivered by a facility that is part of a larger organization that has multiple sites across a given state, region, or nation, includes integrated delivery systems.

National

Health care delivered across a single national entity (e.g., United States).

Regional

Health care delivered across one or more specific regions (e.g., Northeast United States).

Single health care delivery organizations

Health care delivered by a single facility.

States

Health care delivered across one or more states.

Numerator Time Window

The time period in which cases are reviewed for inclusion in the numerator.

Encounter or point in time

A specific visit or point in time (e.g., the first visit in a sampling period, the point at which a patient survey is administered, birth or death date).

Episode of care

The course of health care for an illness or a condition as observed in the chosen data source (e.g., the percentage of patients with a primary diagnosis of schizophrenia who receive an antipsychotic medication between 300 and 600 CPZ equivalents per day during the maintenance phase of the illness).

Fixed time period

An explicit time frame for the receipt of care (e.g., January 1, 2002 through December 31, 2002).

Institutionalization

The care delivered in a hospital, rehabilitation hospital, nursing home - from admission to discharge, regardless of length of stay (e.g., the proportion of patients in a psychiatric facility who are physically restrained during their hospitalization).

Outcome Type

Adverse outcome

Example: An injury due to a medical treatment such as perforation of a viscus during surgery.

Clinical outcome

Example: Level of hemoglobin A1c, a measure of control of glucose metabolism in individuals with diabetes; change in symptoms; mortality as an outcome of a clinical condition.

Functional status

A measure of an individual's ability to perform normal activities of life.

Health risk state or behavior

Example: Being a smoker as an outcome measure for smoking cessation counseling.

Proxy for outcome

A process of care used as an indicator of health status (e.g., an admission to hospital used as an indication of increased severity of illness).

Quality of life measure

Refers to "health-related quality of life based on those aspects of a person's overall well-being that are affected by health status or health care."³

Prevalence

Prevalence is the proportion of people in the entire population who have a disease at a certain point in time without regard to when they first got the disease.^{2,4}

Professionals Responsible for Health Care

Advanced practice nurses

Professionals qualified by education at an accredited school of nursing and licensed by state law to practice nursing. These individuals typically have a master's degree or higher. This category includes nurse administrators, nurse anesthetists, nurse clinicians, nurse practitioners, nurse psychotherapists, and nurse midwives.

Allied health personnel

Health care workers specially trained and licensed to assist and support the work of health professionals. This group is designed to include most assistive personnel and technicians, such as behavioral therapy assistants, community health aides, dental assistants, dental hygienists, dental technicians, home health aides, medical record administrators, medication administration aides, nurses' aides, psychiatric aides, operating room technicians, pharmacists' aides, and radiology technicians.

Chiropractors

Individuals specially trained and licensed to practice chiropractic.

Clinical laboratory personnel

Those health care professionals, technicians, and assistants staffing a health care facility where specimens are grown, tested or evaluated and the results of such are recorded. Includes clinical laboratory technician/medical laboratory technician, clinical laboratory scientist/medical technologist, histologic technician/technologist, and pathologists' assistant.

Dentists

Individuals licensed to practice dentistry.

Dietitians

Individuals with a legally recognized qualification in nutrition and dietetics who apply the science of nutrition to the feeding and education of groups of people and individuals in health and disease.⁵

Emergency medical technicians/paramedics

Personnel trained and certified to provide basic emergency care and life support under the supervision of physicians and/or nurses. These services may be carried out at the site of the emergency, in the ambulance, or in a health care institution.

Measure is not provider specific

Measure does not apply to specific professionals.

Nurses

Professionals qualified by education at an accredited school of nursing and licensed by state law to practice nursing. They provide services to patients requiring assistance in recovering or maintaining their physical or mental health.

Occupational therapists

Those persons legally qualified by education and training to engage in the practice of occupational therapy, a field concerned with utilizing craft or work activities in the rehabilitation of patients.

Pharmacists

Those persons legally qualified by education and training to engage in the practice of pharmacy.

Physical therapists

Those persons legally qualified by education and training to engage in the practice of physical therapy, a field concerned with the use of special techniques to prevent, correct, and alleviate movement dysfunction of anatomic or physiologic origin.

Physician assistants

Persons academically trained and licensed/credentialed to provide medical care under the supervision of a physician.

Physicians

Individuals licensed to practice medicine. This category also includes all physician specialists (e.g., psychiatrists).

Podiatrists

Individuals licensed to practice podiatry, the diagnosis and treatment of foot disorders and injuries and anatomic defects of the foot.

Psychologists/non-physician behavioral health clinicians

Persons legally qualified by education and training to practice in the field of mental health (e.g., psychology, counseling, and behavioral health).

Public health professionals

Persons educated in public health or a related discipline who are employed to improve health of populations. These professionals perform three core functions, assessment, policy development, and assurance, as they relate to the prevention and control of disease and disability, and the promotion of physical and mental health of populations on an international, national, state, or municipal level.

Respiratory care practitioners

Individuals trained and certified in the field of respiratory therapy.

Social workers

Individuals trained and certified in the field of social work (e.g., the use of community resources, individual case work, or group work that promotes the adaptive capacities of individuals in relation to their social and economic environments).

Speech-language pathologists

Individuals trained and certified in the field of speech-language pathology, a field dealing with the diagnosis and treatment of speech or language disorders.

Quality Measures

Clinical performance

The degree of accomplishment of desired health objectives by a clinician or health care organization.

Clinical performance measure

A subtype of quality measure that is a mechanism for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in the optimal time period.

Measure

A mechanism to assign a quantity to an attribute by comparison to a criterion.

Quality measure

A mechanism to assign a quantity to quality of care by comparison to a criterion. The definition of a quality measure relies on the definition of, "Clinical performance," "Clinical performance measure," "Measure," and "Quality of care."

Quality of care

The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Rationale for the Measure

The rationale is a brief statement describing the patients and the specific aspect of health care to which the measure applies. The rationale may also include the evidence basis for the measure, and an explanation of how to interpret results.

Reliability

The degree to which the measure is free from random error.

Scoring of the Measure

Categorical variable

A categorical variable groups items into pre-defined discrete, non-continuous classes (male, female), (board certified, not board certified).

Categories may reflect a natural order in which case they are called ordinal (cancer stage: I, II, III, or IV), (hospitals rankings: good, better, best).

Continuous variable

A measure score in which each individual value for the measure can fall anywhere along a continuous scale (e.g., mean time to thrombolytics which aggregates the time in minutes from a case presenting with chest pain to the time of administration of thrombolytics).

Frequency distribution

A display of cases divided into mutually exclusive and contiguous groups according to a quality-related criterion.

Non-weighted score/composite/scale

A combination of the values of several items into a single summary value for each case.

Rate

A score derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator) where the numerator cases are a subset of the denominator cases (e.g. percentage of eligible women with a mammogram performed in the last year).

Ratio

A score that may have a value of zero or greater that is derived by dividing a count of one type of data by a count of another type of data (e.g., the number of patients with central lines who develop infection divided by the number of central line days).

Weighted score/composite/scale

A combination of the values of several items into a single summary value for each case where each item is differentially weighted (i.e., multiplied by an item-specific constant).

Special or Unique Data Source

A data source that is unique to an organization and inaccessible to outside entities or persons.

Standard of Comparison

External comparison at a point in time

A comparison using the same measure for multiple comparable entities (e.g., non-teaching hospitals, large health plans, or states).

External comparison of time trends

A comparison using the same measure for multiple comparable entities tracking change over time.

Internal time comparison

A comparison using the same measure in the same organization at two or more points in time to evaluate present or prior performance.

Prescriptive standard

A standard set as a goal that ought to be achieved, or as a threshold that defines minimum performance. This standard may be derived from studies using different measurement methods.

Validity

The degree to which the measure is associated with what it purports to measure.

Vulnerable Populations

Groups of persons who may be compromised in their ability to give informed consent, who are frequently subjected to coercion in their decision making, or whose range of options is severely limited, making them vulnerable to health care quality problems.

Children

All infants, children, and adolescents (i.e., all individuals who have not reached the legal age for consent).

Disabled

Persons with physical or mental disabilities that affect or limit their activities of daily living and that may require special accommodations. These include cognitively disabled, communicatively disabled, mentally disabled, and physically disabled.

Frail elderly

Older adults or aged individuals who are lacking in general strength and are unusually susceptible to disease or to other infirmity.

Homeless

Persons who have no permanent residence, including children and adolescents with no fixed place of residence.

Illiterate/low-literate populations

Persons with low levels of education.

Immigrants

Persons coming into a country of which he or she is not a native for the purpose of setting up residence. This category is also defined to include refugees, asylees, and undocumented aliens or immigrants.

Medically uninsured

Individuals or groups with no or inadequate health insurance coverage. Those falling into this category usually comprise three primary groups: the medically indigent, those with clinical conditions that make them medically uninsurable, and the working uninsured.

Mentally ill

Persons diagnosed as having a syndrome of emotional, cognitive, and/or perceptual problems leading to significant impairment of functioning or behavior.

Minority groups

A subgroup having special characteristics within a larger group, often bound together by special ties which distinguish it from the larger group.

Non-English speaking populations

Individuals who do not speak English or whose primary language is not English.

Poverty populations

Persons living below the standard level of living of the community.

Prisoners

Individuals involuntarily confined in a penal institution, including persons sentenced under a criminal or civil statute, detained pending arraignment, trial, or sentencing and detained in other facilities under statutes or commitment procedures providing alternative to criminal prosecution or incarceration in a penal institution.

Rural populations

Persons inhabiting rural areas or small towns classified as rural.

Terminally ill

Persons with an incurable or irreversible illness at the end stage that will result in death within a short time.

Transients/migrants

Mobile, short-term residents who move, usually to find work.

Urban populations

Persons inhabiting a city or town, including metropolitan areas.

Women

Adult females including working women (who are engaged in gainful activities usually outside the home), battered women (who are physically and mentally abused over an extended period), and pregnant women.

¹ Bowling A. *Research methods in health: investigating health and health services*. Buckingham: Open University Press; 1997. 431 p.

² Riegelman RK, Hirsh RP. *Studying a study and testing a test: how to read the health science literature*. 3rd ed. Boston (MA): Little, Brown; 1996. 340 p.

³ Gold MR. *Cost-effectiveness in health and medicine*. New York (NY): Oxford University Press; 1996. 425 p.

⁴ Institute of Medicine. Field MJ, Lohr KN, editor(s). *Guidelines for clinical practice: from development to use*. Washington (DC): National Academy Press; 1992. 426 p.

⁵ International Confederation of Dietetic Associations. *Bylaws, version 1.0*. Ontario (Canada): International Confederation of Dietetic Associations; 2000. p. 2.

In addition to the listed citations, the National Quality Measures Clearinghouse (NQMC) referenced the Medical Subject Headings (MeSH) of the U.S. National Library of Medicine, the Academy Health, Health Services Research Glossary, and NQMC staff expertise and experience to develop this glossary.